

SEP 15 2008

Atty Docket No. 022150-000200US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner TSAI, TSUNG YIN

Group Art Unit 2624

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER TSAI, TSUNG YIN****CERTIFICATION OF FACSIMILE TRANSMISSION**

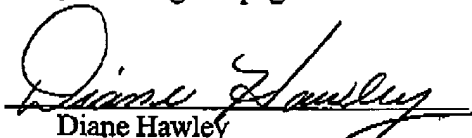
I hereby certify that the following documents in re Application of Axel K. Kloth, Application No. 10/759,583, filed January 15, 2004 for METHOD AND APPARATUS FOR IMAGE PROCESSING are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 p);
2. Fee Transmittal (1 p in duplicate);
3. Petition for Extension of Time (1 p in duplicate);
4. Notice of Appeal (1 p);
5. Pre-Appeal Brief Request for Review (1 p); and
6. Arguments in Support of pre-Appeal Brief Request For Review (5 pp).

Number of pages being transmitted, including this page: 13

Dated: September 15, 2008


Diane Hawley**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (650) 326-2422**

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
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Telephone: (650) 326-2400
Fax: (650) 326-2422
61504061 v1

SEP 15 2008

PTO/SA/21 (08-08)

| | | |
|---|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/759,583 |
| | Filing Date | January 15, 2004 |
| | First Named Inventor | Kloth, Axel K. |
| | Art Unit | 2624 |
| | Examiner Name | TSAI, TSUNG YIN |
| | Attorney Docket Number | 022150-000200US |
| Total Number of Pages In This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Pre-Appeal Brief Request for Review (1 p); and 2) Arguments In Support Of Pre-Appeal Brief Request For Review (5 pp) |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | Townsend and Townsend and Crew LLP | |
| Signature | <i>Kenneth R. Allen</i> | |
| Printed name | Kenneth R. Allen | |
| Date | September 15, 2008 | Reg. No. 27,301 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|--|---------------------|-------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on the date shown below. | | |
| Signature | <i>Diane Hawley</i> | |
| Typed or printed name | Diane Hawley | Date September 15, 2008 |

61504048 v1

SEP 15 2008

PTO/SB/17 (10-07)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 255

Complete if Known

Application Number 10/759,583
Filing Date January 15, 2004
First Named Inventor Kloth, Axel K.
Examiner Name TSAI, TSUNG YIN
Art Unit 2624
Attorney Docket No. 022150-000200US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

-20 or HP = x =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

-3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

| Small Entity | |
|--------------|----------|
| Fee (\$) | Fee (\$) |
| 50 | 25 |
| 210 | 105 |
| 370 | 185 |

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal

Fees Paid (\$)

255

SUBMITTED BY

Signature Kenneth R. Allen Registration No. 27,301 Telephone 650-326-2400
Name (Print/Type) Kenneth R. Allen Date September 15, 2008

61504042 v1

SEP 15 2008

PTO/SB/17 (10-07)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 255

Complete If Known

Application Number 10/759,583
 Filing Date January 15, 2004
 First Named Inventor Kloth, Axel K.
 Examiner Name TSAI, TSUNG YIN
 Art Unit 2624
 Attorney Docket No. 022150-000200US

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

| Small Entity | Fee (\$) |
|--------------|----------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| Small Entity | Fee (\$) |
|--------------|----------|
| 210 | 105 |

Multiple dependent claims

| Small Entity | Fee (\$) |
|--------------|----------|
| 370 | 185 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

-20 or HP = x =

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
|---------------------------|----------|---------------|

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

-3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Notice of Appeal

255

SUBMITTED BY

| | | | | | |
|-------------------|------------------|-----------------------------------|--------------------|-----------|--------------|
| Signature | Kenneth R. Allen | Registration No. (Attorney/Agent) | 27,301 | Telephone | 650-326-2400 |
| Name (Print/Type) | Kenneth R. Allen | Date | September 15, 2008 | | |

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